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THE HEALING OF ULCERS IN LARYN-
GEAL PHTHISIS

BY

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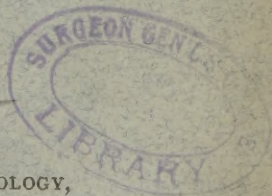
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Box —

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THE HEALING OF ULCERS IN LARYNGEAL PHTHISIS.

By WM. C. JARVIS, M.D.

THE cure of phthisical ulcers in the larynx is still doubted by many, and there is much disagreement on the question of their treatment.

The difference of opinion held by eminent authorities, concerning the nature of these ulcers, may have helped to encourage a natural disinclination to be convinced of their cure. Conscious of this popular prejudice, I would have hesitated to present my case and views did I not feel that the evidence of others, the clear history, lesions, symptoms, and remarkable results, completely confirmed my claims.

Miss C., aged forty-five, consulted me on May 22, 1882.

In the preceding February she had been confined to bed with what her physician called the pleurisy. Several weeks afterward, during convalescence, she experienced pain in the throat. The medicine prescribed could not be swallowed without severe pain, and was therefore abandoned. She consulted a well-known specialist, who, upon being interrogated by the patient's aunt, pronounced the disease consumption of the throat and incurable. The inquisitive lady promptly fainted, and was only restored to consciousness to be confined to her bed. I learned this physician's diagnosis several months after the patient called. Her appearance when first seen by me was extremely pitiful. Pale, emaciated, and, peculiar to phthisis, the general signs were distinct from the beginning. Though anxious to speak, her hoarse whisper was soon silenced by suffering. A painful cough racked her unsteady nerves. Accumulations of mucus irritated the windpipe and renewed the paroxysms. Swallowing was almost impossible. Even liquids produced pain in deglutition. She was anxious to finish her meagre meal, and contemplated with horror the return of another. Words, she said, could not describe her suffering.

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A laryngoscopic examination showed the laryngeal mucous membrane to be anæmic and irregular. Two pale, puffy projections over the arytenoid prominences gave the characteristic appearance of the pyriform tumefaction in laryngeal phthisis. The mucous membrane over one arytenoid was slightly abraded. The ventricular bands and vocal cords were thickened, and the lumen of the larynx was narrowed by the general tumefaction. A pale, irregular grayish ulcer had eroded the margin of the right vocal cord. All the structures were smeared with sticky muco-purulent discharges. The lungs were examined by Dr. W. H. Snow, of the University Medical College, who wrote: "The following is the result of a careful examination: Phthisis second stage going on to third at left apex, as shown by the large and small rales and the presence of a small cavity, etc."

My opinion being demanded on the question of a cure, I, from past experience, could only answer in the negative. I promised relief, and no more.

My local treatment was in many respects similar to the mild methods proposed by Dr. Bosworth. I was convinced that the parts would not tolerate the slightest irritation, and that local anæsthesia was necessary to relieve the tortured larynx. Acrid muco-purulent accumulations were carefully removed by means of alkaline sprays. Spraying was stopped when coughing seemed imminent or occurred. The cleansed structures were then bathed in a spray of Magendie's solution of morphia. Pulverized iodoform was finally thrown upon the part by means of a home-made powder-blower, working on the Ely principle. No tannic acid, acacia, morphia, or other substances were added to the iodoform.

Persuaded by experiment that iodoform is the only powder that can be comfortably borne by the nasal mucous membrane, I used it pure in the larynx. Applications were made every day.

Constitutional treatment was considered almost as necessary as local. A harassing nervous erethism was quieted by the administration of the bromides. Continued doses of the United States solution of morphia prevented the painful cough.

Relief, slow at first, steadily increased under the local treatment and artificially acquired rest. Advantage was taken of the increased toleration of the larynx, to administer a very palatable emulsion of cod-liver oil, pepsin, and pancreatin.¹ The continuation of her method of communicating by writing, which she had been compelled to adopt before seeing me, was insisted upon. Though averse to eating, she craved the crushed strawberry, and soon succeeded in eating one with but little discomfort. Thus encouraged, she drank and enjoyed light wines.

I was compelled to leave the city at this stage of her improvement. She was advised to provide herself with medicine and spend the summer in the country. I feared the ground gained would be lost by the interruption of local treatment.

She went to the Catskill Mountains. Several months passed, and the patient, not appearing, was given up as dead.

In the early part of last January, she surprised me by a call.

Her changed appearance prevented immediate recognition. The hollowed cheeks were replaced by a full face, and the painful whisper by a distinct voice. She said outdoor life soon improved her appetite. She ate heartily, relished her meals, and steadily gained in weight.

I examined the larynx, and found an irregular crescentic excavation on the right vocal cord, composed of smooth cicatricial tissue. The lumen of the larynx was still small, and the arytenoid prominences large and smooth.

Although the laryngeal structures were distorted, they were clean and compact. Phonation and respiration showed free movement of the cords. The voice was low-pitched and sometimes rough. This was evidently due to deficient vibration of the eroded cord. The patient pronounced herself well, and was making arrangements to return to Europe.² Dr. Alfred L. Loomis discovered signs of fibrous phthisis.

¹ Made by S. J. Bendinir, No. 47 Third Avenue, New York City.

² At this date, August, 1883, Miss C. is reported as travelling through Germany.

Conclusions.

A case of this kind, carefully studied, naturally suggests many thoughts.

The appearance and progress of the ulcer exclude the probability of its being tuberculous. Tuberculous ulcers, as a rule, do not commence at the true cord's edge and from this point erode the structure.¹ The existence of the ulcer may be inferentially accounted for by observing the production and course of superficial sores in the mouth. I have learned, from personal experience that, at certain times, one may with impunity lacerate the buccal mucous membrane and expect the torn tissues to quickly heal. The same amount of injury, however, may at another time result in a protracted superficial sore, though the health is apparently unimpaired. Perversion of the buccal secretions invariably preceded or existed with the last-mentioned wound. If covered with shellac varnish, or a metal albuminate, they rapidly healed under the protective pellicle.² They also repaired slowly if treated locally with iodoform. When located upon a portion of the mouth in frequent motion, as the palatine folds, and left untreated, they degenerated into painful superficial ulcers, causing much discomfort in deglutition, an annoying nervous erethism, headache, and general debility. There is but little wanting, besides the degree, to create an analogy between this lesion with its peculiar symptoms and the condition of the phthisical patient.

As the lesion upon the palatine fold was caused by direct injury, and similar lesions cannot occur spontaneously, so we infer that the ulcer in the phthisical patient originated from an injury. It may have been produced by a cough, or any violence of a similar nature applied to the friable and infiltrated laryngeal tissues. Acrid discharges and constant motion more than meet the analogy and complete the result.

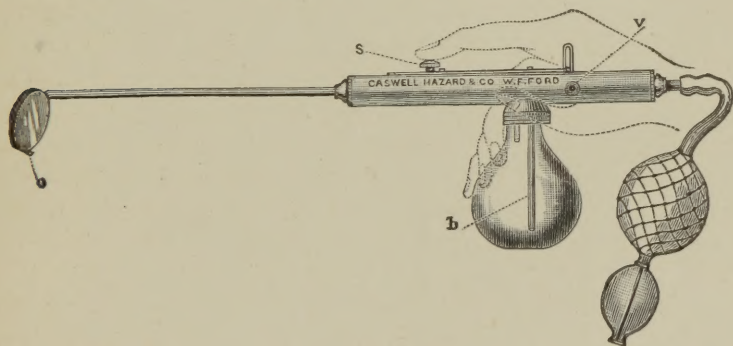
¹ M. Mackenzie in his work "Diseases of the Throat and Nose," 1880, p. 360, writes, according to Heinze, "the destructive process commences from within not from without."

² *N. Y. Medical Record*, vol. 23, No. 24, p. 668.

Although the above history does not warrant the physician in extending hope to the majority of patients suffering with phthisical ulceration of the larynx, it demonstrates the curability of certain forms found in this disease. The dependence of the reparative power of ulcers upon depth, as shown in superficial and deep syphilitic lesions, is rendered as proportionately greater in phthisical ulcers as the pain, poor nutrition, and lowered vitality exceed that of syphilis. To expect good results where extensive phthisical erosions involve the laryngeal skeleton, is to over-estimate human endurance.

I have not considered many points of interest, and have intentionally omitted to compare and temper my views, since, to do so, would require more time than the occasion affords.

A NEW LARYNGEAL POWDER-BLOWER.



A thorough application of pulverized iodoform to laryngeal ulcers is sometimes rendered extremely difficult on account of their situation, mal-position of the epiglottis, and other obstacles familiar to the experienced operator. An instrument devised by me and shown in the figure reduced to one third its size, has satisfactorily overcome these difficulties. It is manipulated like an ordinary laryngoscope. The powder is directed as in the familiar experiment of sighting a gun in a mirror. The compressed

air, obtained either by rubber bulbs or the pneumatic pump, is controlled by a trigger, *s*, connected with the valve, *v*. The mirror is carried into the throat and as soon as the diseased part appears in its centre, the air, let into the chamber by pushing the slide valve, *s*, disturbs the powder which escapes at the orifice, *o*. When the image is properly sighted, the orifice is inclined in a direction, which when followed by the powder must cause it to strike the point pictured in the mirror. The advantages of this instrument are : that the powder is evenly distributed over the diseased structures with ease and precision, and its distribution can be watched in the mirror and nicely regulated, thus avoiding irritation from massing of the powder, securing the local anæsthetic effect of the drug, and preventing iodoform eructations and poisoning from wastage.

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